

REQUEST FOR RISK EVALUATION BASED ON CRIMINAL HISTORY RESULTS - PURCHASED CLIENT SERVICES

Purpose: This form to request a Risk Evaluation for a person:

1. whose criminal history contains a violation listed in [Appendix 2000-1: PCS Background Check Criminal History Chart](#), and
2. whom would like to be considered despite the results of the background check.

Directions: To request a Risk Evaluation, you must complete the *Request for Risk Evaluation* form (2973c) on the previous page and submit both the completed form and the required documentation to DFPS Background Checks (BC) Unit by the due date indicated on the Action Required Notification Letter.

RISK EVALUATION INFORMATION

Once all required documentation has been received and processed by DFPS Background Checks Unit, you will receive a letter notifying you whether the risk evaluation was approved. An approved risk evaluation is specific to a particular role. If the role of the person upon whom an approved risk evaluation was completed changes, the risk evaluation is no longer valid and a new risk evaluation must be completed.

If a risk evaluation is denied, the individual is not permitted to have contact with DFPS clients, including access to DFPS client records relative to any contract your agency has with DFPS. This decision is effective immediately upon receipt of the risk evaluation determination letter.

There is no review or appeal process for risk evaluation decisions. The denial decision does not affect the person's employment with the agency but rather relates to the DFPS-funded contract under which the background check was submitted.

Keep a copy of the form and the attachments for your files.

CONTRACTOR INFORMATION

Name of Contract Provider		Agency Account ID	
Name of Contact Person		Position/Title	
Contract Provider Address			Contractor Status <input type="checkbox"/> Applicant <input type="checkbox"/> Contracted
Phone		Email	

INDIVIDUAL'S IDENTIFYING INFORMATION		
First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Date hired or present, if applicable	How long has the individual been employed at the agency (if applicable)	

INFORMATION RELATED TO THE INDIVIDUAL'S ROLE (OR PROSPECTIVE ROLE) WITH THE ORGANIZATION	
Job title (Current or Planned)	Hours/days of service
Work History of the individual over the past 10 years (including employers, dates employed and positions held). (A resume may be included to meet this requirement):	
Date and nature of criminal offense:	
Job Responsibilities (including hours/day present, job responsibilities, nature and amount of interaction with DFPS clients or client records):	
Plans for supervision and anticipated amount of unsupervised time with DFPS clients in care, or access to client records	
Explain why the person who has criminal history does not pose a risk to the health and safety of DFPS Clients who may be served under the contract/account.	

SIGNATURE

Submission of the risk evaluation packet indicates that you are requesting that DFPS Background Check Unit staff conduct a risk evaluation to determine whether the following individual may provide direct-contact services to DFPS clients and access DFPS client information.

Individual/ Contractor's Signature

Date Signed

Printed Name

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).

SUBMIT THE FOLLOWING DOCUMENTATION WITH THE COMPLETED RISK EVALUATION



1. A completed Form 2973c, Request for Risk Evaluation Based on Criminal History Results.	<input type="checkbox"/>
2. An official copy of the final record of judicial finding or conviction (file stamped and signed by a judge).	<input type="checkbox"/>
3. If the individual was incarcerated: <ul style="list-style-type: none"> A copy of local, state, or federal release order; The date that the individual was released from incarceration; and The terms and conditions of parole, if applicable. 	<input type="checkbox"/>
4. If the individual was given a probated sentence, information related to the terms and conditions of probation or community supervision, including documentation regarding whether the individual successfully completed those terms. If the person is presently on probation or community supervision, a statement from the person's community supervision officer regarding the status of the individual's probation.	<input type="checkbox"/>
5. If the individual was given deferred adjudication probation and has not completed his or her deferral period, documentation from the community supervision officer regarding <ul style="list-style-type: none"> when the probation will be completed and the person's current compliance with the probationary terms. 	<input type="checkbox"/>
6. Evidence of rehabilitative effort. If the individual attended any classes (either mandatory or voluntarily), provide copies of certificates indicating completion.	<input type="checkbox"/>
7. A detailed, signed statement from the person regarding the nature and seriousness of the crime(s), including: <ul style="list-style-type: none"> Why the person was arrested (i.e. explain the circumstances that led to the arrest) The age of the person at the time of arrest. Where the person was when arrested, Who else was involved, Whether anyone was injured, The extent and nature of other arrests within the person's past criminal history, What has changed for this person since the time of the arrest, The amount of time that has elapsed since the person's last arrest, and Why the person does not feel that he or she poses a risk to DFPS clients. 	<input type="checkbox"/>
8. At least three signed and dated reference letters from individuals who are not related to the person (professionals, employers, etc.) and who have knowledge about the person's character and ability to work with DFPS clients. Letters should include the reference's contact information should follow up be necessary.	<input type="checkbox"/>
9. For all crimes found in the following chapters of the Texas Penal Code, include a copy of the police report that explains the circumstances of an arrest from: <ul style="list-style-type: none"> Title 5: Chapters 19-22, Offenses Against the Person Title 9: Chapter 43, Offenses Against Public Order and Decency 	<input type="checkbox"/>
10. Additional items requested by the BC Manager to assist with the determination of risk.	<input type="checkbox"/>